



STATE OF TENNESSEE
DEPARTMENT OF FINANCE AND ADMINISTRATION
DIVISION OF MENTAL RETARDATION SERVICES
ANDREW JACKSON BUILDING, 15TH FLOOR
500 DEADERICK STREET
NASHVILLE, TN 37243

MEMORANDUM

DATE: June 11, 2007

TO: Kathleen Clinton, John Craven, and C.J. McMorran

FROM: Stephen H. Norris *SHN*
Deputy Commissioner

SUBJECT: Medicaid Waiver Amendments Effective May 1, 2007

We have received approval from the Centers for Medicare and Medicaid Services to amend the three Medicaid Home and Community Based Services (HCBS) waivers effective May 1, 2007. This memo outlines the changes to the HCBS waiver service definitions and the provider qualifications that are effective as of **May 1, 2007**. A grid outlining the revisions to the waivers is attached.

Please notify the plans review staff and case managers in the Regional Office as soon as possible of the changes since some of the service definitions – especially Environmental Accessibility Modifications and Specialized Medical Equipment, Supplies, and Assistive Technology – have been revised to more specifically clarify which items are not covered. Also, please ensure that this memo is forwarded to waiver service providers.

If you have any questions, please contact Louis Moore, M.D., Medical Director for Policy and Governmental Relations, at (615) 741-6632.

SHN:wlm

Attachment

cc: Fred Hix
Larry Latham, Ph.D.
Joanna Damons, R.N.
Adadot Hayes, M.D.
Louis Moore, M.D.

REVISION OF WAIVER SERVICE DEFINITIONS	
WAIVER SERVICE	REVISION
Environmental Accessibility Modifications (applicable to all waivers)	<p>The definition of Environmental Accessibility Modifications was revised to more clearly specify the exclusions from coverage and to emphasize that the modifications are for the purpose of increasing the service recipient's mobility and accessibility inside the residence or for entrance into and exit from the residence.</p> <p>All physical modifications to the <u>exterior</u> of the service recipient's place of residence or lot (e.g., driveways, sidewalks, fences, decks, patios) are excluded from coverage, with the following exceptions:</p> <ul style="list-style-type: none"> • Physical modifications to an existing exterior doorway to increase mobility and accessibility for entrance into and exit from the residence are covered. (Physical modifications to garage doors for vehicles are excluded from coverage.) • Installation of a wheelchair ramp and modifications directly related to, and specifically required for, the construction or installation of the ramp and connection with an existing sidewalk are covered. (Wheelchair ramps shall be limited to one entrance into a service recipient's residence.) • Hand rails for exterior stairs or steps to increase the service recipient's mobility and accessibility for entrance into and exit from the residence are covered. • Replacement of glass window panes with a shatterproof or break-resistant material when medically necessary based on a history of destructive behavior by the service recipient are covered. <p>Also excluded are those adaptations or improvements to the home which are of general utility and are not of direct medical or remedial benefit to the service recipient. Environmental Accessibility Modifications which are considered to be general maintenance of the residence or which are considered improvements to the residence (e.g., installation, repair, replacement, or painting of roof, ceiling, walls, or carpet or other flooring; installation, repair, or replacement of heating or cooling units or systems; construction of an additional room; installation, repair, or replacement of lights or lighting systems; installation of stairway lifts or elevators; installation of water purifiers; or furniture are excluded from coverage. Items of Specialized Medical Equipment, Supplies, and Assistive Technology are excluded under this definition. Modification of an existing room which increases the total square footage of the residence is also excluded.</p> <p>Environmental Accessibility Modifications shall be recommended by a qualified health care professional (e.g., physician, occupational therapist, physical therapist) based on an assessment of the service recipient's needs and capabilities and shall be furnished as specified in the plan of care.</p> <p>To facilitate community transition from an Intermediate Care Facility for the Mentally Retarded (ICF/MR), the waiver service definition previously allowed Environmental Accessibility Modifications to be made during the last 180 days of a person's institutional stay. This section has been revised to include transition from institutional settings other than an ICF/MR.</p>

WAIVER SERVICE	REVISION
Specialized Medical Equipment, Supplies, and Assistive Technology (applicable to all waivers)	<p>The definition of Specialized Medical Equipment, Supplies, and Assistive Technology Environmental Accessibility Modifications was revised to more clearly specify the exclusions from coverage.</p> <p>The following items are excluded from coverage:</p> <ul style="list-style-type: none"> • Items not of direct medical or remedial benefit to the service recipient; • Items that would be covered by the Medicaid State Plan/TennCare Program; • Prescription and over-the-counter medications; • Swimming pools, hot tubs, and health club memberships; • Elevators, stairway lifts, and lift chairs; • Carpets, floor pads and mats; • Recreational or exercise equipment; • Toys; • Furniture, lamps, and lighting; • Beds, mattresses, and bedding; • Diapers and other incontinence supplies; • Food and food supplements; • Water purifiers and humidifiers; • Sensory processing/sensory integration equipment or other items (e.g., ankle weights, weighted vests or blankets, therapy balls, swings, vibrators, floor mats, balance boards, brushes); • Supplies other than those specifically required for the proper functioning of specialized medical equipment or assistive technology within the scope of this definition; • Physical modification of the interior or exterior of a place of residence; • Physical modification of a vehicle.
Family Model Residential Support (applicable to all waivers except the Self-Determination Waiver)	<p>The definition of Family Model Residential Support was revised to clarify more specifically the exclusion on provision of services by family members, as follows:</p> <ul style="list-style-type: none"> • Reimbursement shall not include payment made to the service recipient's parent, step-parent, spouse, child, or sibling. • • Reimbursement shall not include payment made to any other individual who is a conservator unless so permitted in the Order for Conservatorship.
Medical Residential Services (applicable to all waivers except the Self-Determination Waiver)	<p>The definition of Medical Residential Services was revised to clarify that the service recipient's physician, physician assistant, or nurse practitioner must specify the type of skilled nursing services to be provided as a component part of Medical Residential Services. Since the health care provider would be ordering the nursing services, a separate order would not be required for the waiver service "Medical Residential Services."</p> <p>The definition was revised to clarify that the Medical Residential Services provider is responsible for the cost of Day Services needed by the service recipient.</p> <p>The definition was also clarified to specify that the provision of Medical Residential Services is excluded in schools.</p>

WAIVER SERVICE	REVISION
Personal Assistance (applicable to all waivers)	<p>The definition of Personal Assistance was revised as follows:</p> <ul style="list-style-type: none"> • To more specifically indicate what is covered within the waiver service definition; • To specify that Personal Assistance is a service that is provided for the direct benefit of the service recipient and that it is not a service that provides assistance to other members of the household (Personal Assistance staff shall not provide any personal assistance services to family members of the service recipient.); • To clarify locations and expectations for services to be provided outside the home or community of residence; • To clarify that Personal Assistance shall not be provided in schools for school-age children, to replace personal assistance or similar services required to be covered by schools, and to transport or otherwise take children to or from school; • To clarify that Personal Assistance shall not be provided in a licensed facility (e.g., a group home, boarding home, or assisted living home) when the facility's licensure category requires the provision of personal assistance or personal care services; • To clarify that Personal Assistance shall not be provided in the residence of the Personal Assistance provider except for a special event (e.g., a party) that has been authorized in the plan of care; • To clarify that the Personal Assistance provider is not obligated to provide transportation for the service recipient as part of the Personal Assistance service, but that a Personal Assistance provider who is also an Individual Transportation Services provider may bill for Individual Transportation Services for transport of the service recipient into the community.
Supported Living (applicable to all waivers except the Self-Determination Waiver)	<p>The definition of Supported Living was revised to clarify that Supported Living shall not be provided in the same residence where another family member lives, unless each such family member in the residence is also a waiver service recipient.</p>
Transitional Case Management (applicable to all waivers except the Self-Determination Waiver)	<p>The definition of Transitional Case Management was revised so that it would be applicable to those transitioning not only from an ICF/MR but also institutional settings other than an ICF/MR.</p>
Vehicle Accessibility Modifications (applicable to all waivers)	<p>The definition of Vehicle Accessibility Modifications was revised to emphasize that the modifications are for the purpose of increasing the service recipient's accessibility for entrance into and exit from the vehicle and ensuring safe transport.</p>
Physical Therapy (applicable to all waivers)	<p>The definition of Physical Therapy was revised to specify that it must be ordered by a physician, physician assistant, or nurse practitioner.</p>
Occupational Therapy (applicable to all waivers)	<p>The definition of Occupational Therapy was revised to specify that it must be ordered by a physician, physician assistant, or nurse practitioner.</p>
Speech, Language, & Hearing Services (applicable to all waivers)	<p>The definition of Speech, Language, and Hearing Services was revised to specify that it must be ordered by a physician, physician assistant, or nurse practitioner.</p>
Nursing Services (applicable to all waivers)	<p>The definition of Nursing Services was clarified to specify that the provision of Nursing Services is excluded in schools.</p>

REVISION OF PROVIDER QUALIFICATIONS	
WAIVER SERVICE	REVISION
Environmental Accessibility Modifications (applicable to all waivers)	The provider qualifications for Environmental Accessibility Modifications providers were revised to require (1) that a waiver service agency be licensed by the Department of Mental Health and Developmental Disabilities as a Supported Living Service provider or as a Mental Retardation Residential Habilitation Facility and be approved by the Division of Mental Retardation Services and (2) that a individual carpenter or craftsman, building supplier, durable medical equipment supplier, other retail business, or a local contractor be licensed in accordance with the requirements of the county or city where the service will be provided.
Occupational Therapy (applicable to all waivers)	There was a revision to clarify that Occupational Therapists who bill the special billing codes for Assistive Technology/Specialized Medical Equipment services must obtain separate approval from the Division of Mental Retardation Services.
Physical Therapy (applicable to all waivers)	There was a revision to clarify that Physical Therapists who bill the special billing codes for Assistive Technology/Specialized Medical Equipment services must obtain separate approval from the Division of Mental Retardation Services.
Specialized Medical Equipment, Supplies, and Assistive Technology (applicable to all waivers)	The following revisions were made to the licensure and provider qualifications requirements for providers of Specialized Medical Equipment, Supplies, and Assistive Technology: <ul style="list-style-type: none"> • To require a waiver service agency to be licensed by the Department of Mental Health and Developmental Disabilities as a Supported Living Service provider, a Mental Retardation Residential Habilitation Facility, or a Mental Retardation Adult Habilitation Day Facility; and to be approved by the Division of Mental Retardation Services. • With the exception of a sole source manufacturer licensed in another state, to require a durable medical equipment supplier or other retail or wholesale business entity to have a wholesale or retail business license in Tennessee (to sell equipment, supplies, etc.)
Speech, Language, & Hearing Services (applicable to all waivers)	There was a revision to clarify that providers of Speech, Language, and Hearing Services who bill the special billing codes for Assistive Technology/Specialized Medical Equipment services must obtain separate approval from the Division of Mental Retardation Services.